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JMS/jat
February 10, 2005

PATENT APPLICATION
DOCKET NO. 1159.1004-005

**NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

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Applicants: Steven A. Bogen and Herbert H. Loeffler
Application No.: 09/702,298 Group: 1743
Filed: October 31, 2000 Examiner: Lyle Alexander
Confirmation No.: 3668
For: AUTOMATED SLIDE STAINER WITH SLIDE HOUSING (AMENDED)

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
2/11/05	<i>Jennifer A. Tardiff</i>
Date	Signature
Jennifer A. Tardiff	
Typed or printed name of person signing certificate	

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Commissioner for Patents
P.O. Box 1450
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Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated September 29, 2004 of the Examiner finally rejecting claims 3-18. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated September 29, 2004 for two months from December 29, 2004 to February 28, 2005.

2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.

☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.

3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

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4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for two months		\$ 450
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 500
<input type="checkbox"/>	Other	_____	\$ _____
	TOTAL		\$ 950

5. The method of payment for the total fees is as follows:

- ☐ A check in the amount of \$[] is enclosed.
- ☒ Please charge Deposit Account No. 08-0380 in the amount of \$950.

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By

James M. Smith

Registration No.: 28,043

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 2/10/5